Annual Summary of Sharps Injuries

Massachusetts Department of Public Health Occupational Health Surveillance Program

Hospital:	
License Number:	
Hospital Contact:	
Phone number:	
Year:	

Use of the attached lists is encouraged when completing this form. *Required data elements for reporting to MDPH. * Purpose or procedure for which the sharp was Worker, (e.g., Employee, temp/contract, care, non-employee practitioner, other) * Department or work area where the exposure *Device or item that was involved in the injury Employment status of exposed health care Was it a safety device? Y/N/Unknown * Unique Exposure Incident Number * Date of Exposure Incident * How did the injury occur? * Brand / model of device

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